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Bib Data Sheet

CONFIRMATION NO. 4747

|  |  |                                   |   |  |
|--|--|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/527,080   | <b>FILING OR 371(c) DATE</b><br>03/09/2005<br><b>RULE</b>  | <b>CLASS</b><br>600               | <b>GROUP ART UNIT</b><br>3736   | <b>ATTORNEY DOCKET NO.</b><br>388.885USN |
| <b>APPLICANTS</b><br>Rune Adolfsson, Varberg, SWEDEN;<br>Lennart Erliasson, Tvaaker, SWEDEN;   |  |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/SE03/01403 09/08/2003<br>which claims benefit of 60/319,550 09/15/2002 |  |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |  |                                   |   |  |
| <b>** SMALL ENTITY **</b>  |  |                                   |   |  |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged   | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>11                |
| <b>INDEPENDENT CLAIMS</b><br>2   |  |                                   |   |  |
| <b>ADDRESS</b><br>33369  |  |                                   |   |  |
| <b>TITLE</b><br>Sensor for determining the effect of anaesthetic treatment by cooling the skin with the sensor                             |  |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |